		ISE CLAIM	See Inst Stateme	tructions a ent On Rev	and *Pri verse S	ivacy ide		Page	Page1					
CLAIMANT'S	S NAME							EE NUMBER*	*		DEPART			
Terri Delg						00.2	TAIL TO	444/	4			opmental S	Services	
POSITION			CB/ID NUM	MBER		DIVISION O	OR BURE	AU			100	Jille	INDEX NUM	MBER
Director			E99			DIRECTO	OR'S OF	FFICE					47:	73-001
RESIDENCE	E ADDRESS*					HEADQUAR	RTERS AD	DDRESS					TELEPHON	NE NUMBER
CITY		CTATE		71D	2205		Street, F	Room 240	<u> </u>				654-18	
CITY		STATE				CITY   Sacramen						STATE CA		2IP CODE 95814
(1) MOI June	ONTH/YEAR 2009	LOCATION	(4)	(5)	MEALS	0.т., цл,		(7)	T (8)		PORTATION		(8)	(9) TOTAL
(2)	2000	WHERE EXPENSES	LODGING	3	1 '	N/C, RELO		(A)	(B)			(D) 'E CAR USE	E BUSINESS	TOTAL EXPENSES
	TOME	WERE INCURRED		BREAK-		OR	TALS	COST OF		TOLLS			EXPENSE	FOR DAY
DATE	8:00A		+	FAST	LUNCH	DINNER	+	TRANS.	USED	PARKING	MILES	AMOUNT	<del></del>	+
June 19	12:00P	Sacramento		\!	1	l'	1	L'	PC	9.50	ıl'		· /	9.50
	5:00P			,	,		,	·					<u> </u>	
June 23	11:00P	Walnut Creek		<del>                                     </del>	<b></b> '	<b></b> '	<del></del> '	<b></b> '	PC	10.00	140	77.00	<u> </u>	87.00
				1	1	1 '	1 7	1 '		'	1	0.00	,	0.00
										<del></del>	<del>                                     </del>			0.00
				—	<del></del> '	<del></del>	<del></del>	<del></del>	_	<del>  '</del>	+	0.00		0.00
	-			<del> </del> '	<b></b> '	<b></b> '	<b></b> '	<b></b> '	_	<u> </u>	<del>  '</del>		<u> </u>	0.00
				<u> </u> '	<u> </u>	<u> </u> '	<u> </u>	<u> </u>		<u> </u>	<u> </u> '			0.00
						'								0.00
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						1								0.00
					'	'				,	'			0.00
				'							'			
(10)			1000	1000	200	200	1200	200	$\vdash$	10.50	140	-7.00	2.00	0.00
		SUBTOTALS DE (ACCTG, USE ONLY)	0.00	0.00	0.00	0.00	0.00	0.00	Legy y	19.50	140	77.00	0.00	96.50
				Contract of the Contract of th										20 50
711000		LAIM TOTAL		den					_				\$ PK HOUBS	96.50
• •		MARKS AND DETAILS (Attach receipts/ f Regional Center Agencies Board		•	-					,	1' '	RMAL WOR		
	Alameda/Contr	r Regional Center Agencies Board tra Costa DD Councils Annual Dii 0 parking includes \$4 toll								_				ISE NUMBER
	NOIL	paining includes 4, to.								-	(14) MIL	FAGE RA*	TE CLAIMED	,
										-		\$0.55		
												US	COUNTING O ISE ONLY VING FUND CHEC	
										-	1100	BY NEVOL.	,NG PUND C	JK NUMBER
(15)	LHERERY CERTI	FY That the above is a true statement of the travel exp	xpenses incurred	by me in acco	ordance with DP	A rules in the ser	vice of the S	tate			4			

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owed vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAMANT'S SIGNATURE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMEN DATE

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)